By the end of this session, you will be familiar with:

- CCHSS /Standard 16.0 Restraint Management
- Carewest Least Restraint policy
- Types of restraints
- Positioning and safety devices
- Supportive interventions
- Process for managing restraints
- Restraints related documentation
Did you know...

The literature does not support the widely-held belief that restraints keep clients safe.

Research shows that:

- restraints are overused and may be harmful
- restricted clients are **eight times** more likely to die than those who are not restricted
Potential Harm from Restraints

- Falls
- Skin abrasions
- Pressure ulcers
- Contractures
- Decreased muscle mass
- Cardiac stress
- Accidental death from strangulation
- Emotional damage
Standard 16.0 Restraints Management

An Operator (Carewest) must establish, implement and maintain documented policies and procedures regarding restraint use

Continuing Care Health Service Standards, 2016
Least Restraint Policies (CS-03-01-01 & CS-03-01-02)

Carewest supports a Least Restraint policy based on our principles and values, and a desire to preserve our client’s dignity, self-respect and independence. To provide guidelines which ensure safe and appropriate interventions that support client safety while maintaining the client’s dignity, comfort and autonomy.

Please review the Carewest Least Restraint Policies. All Policies can be found on the Careweb or in the Care & Service Manual.
Least Restraint

Least restraint ensures the restraint is:

• Lowest degree of restraint
• Used for the least amount of time
• Appropriate given the client’s mental and physical condition
• Necessary to inhibit movement in order to enable treatment or support control of the client for safety.
Restraint Considerations

Use a Restraint when:
The Client poses safety risk to self or others

What should we try prior to restraints?
Supportive Interventions
See Policy CS-03-01-01
Restraint as a last resort

The Least Restraint Policy indicates use of restraints as a last resort. This means that all supportive interventions and alternatives are considered, and possibly trialed and documented, prior to initiating use of a restraint.
Supportive Interventions

• A person centred care plan should consider the triggers that cause responsive behaviours:
  ➢ Assess and manage pain
  ➢ Anticipate toileting needs
  ➢ Involve in activities of interest
  ➢ Music therapy

• If supportive interventions are ineffective or inappropriate, the least restrictive restraint may be utilized.
Types of Restraints

- Physical
- Environmental
- Mechanical
- Pharmacological
Physical Restraints

• **Physical Restraint:** Direct application of physically holding a person that involuntarily restricts movement.
Mechanical Restraints

**Mechanical Restraint:** Any device, material, or equipment attached to or near a client which cannot be controlled or easily removed by the client and which prevents a client’s free body movement and/or a client’s normal access to their body.

**Includes items such as:**

- bed-side rails
- seatbelts that cannot be un-fastened by the client
- chairs with locking table tops
- Broda or tilt chairs
- any limb restraint
- any positioning device that limits client’s freedom of movement
Pharmacological Restraints

When pharmaceuticals are used NOT to treat an identified medical or psychiatric condition, but to control behaviours, actions, and/or restrict freedom of movement.

Antipsychotics (e.g. risperidone, olanzapine, quetiapine, haloperidol), benzodiazepines (e.g. lorazepam), or other medications may be considered a form of pharmacological restraint.
Environmental Restraints

• Any barrier or device that limits the locomotion of an individual, and thereby confines an individual to a specific geographic area or location.
Secured Space

A secured unit within a facility, a secured facility or a technological measure that limits a client’s ability to exit a facility or unit that is used with the intention of protecting a client from harm. (CCHSS, 2018).
Positioning and Safety devices

- Safety devices
- Positioning devices
Safety Device

• A mechanical apparatus that secures clients while they are being moved or transported (short-term use).

• Examples include:
  – Front-fastening seat belt on a wheelchair
  – Bus seat belts,
  – Side rails on a stretcher,
  – Seat belt on a shower chair.
Positioning Device:

Positioning devices are used to

- Enhance function, Independence and Activities of daily living
- Promote comfort and/or sitting tolerance
- Protect skin integrity
Examples of Positioning Devices

- Cushions
- Head strap
- Shoulder/chest straps
- Wrist/knee/thigh/foot straps
- Leg straps including “H” strap
- Modified arm rests
- Seating components fitted to wheelchairs
- Seat belts (front closure only)
- Table-top tray when used for positioning
- Tilt chairs
Positioning Devices may restrict voluntary movement, but should not be used to intentionally restrain clients.

When positioning devices are applied, they must be monitored and assessed for restraining effects. Regardless of benefit or intent of positioning device, if freedom of movement is limited, it must also be considered a restraint.

A device can be **BOTH** a Positioning Device and a Restraint and must be documented, monitored and Care Planned to reflect this.
Restraint Approval

- Physician (written order required within 72 hours)
- Director of respective program
- Client Service Manager
- Client/family/guardian or agent

[APPROVED]
Ongoing monitoring and strategies to prevent side effects such as injuries, entrapment, falls, strangulation, skin breakdown or increased agitation are required for use of all restraints and/or positioning devices.

Monitoring requirements and strategies will be indicated in the:

- Flowsheets
- Total Team Report
- Care Plan
Safety Monitoring

Monitor and implement strategies to prevent side effects: injuries, from entrapment, falls, and strangulation, skin breakdown, etc.

When a restraint is initiated the following monitoring is required:

- Every 15 minutes for the 1st hour
- Then, every hour for 24 hours
- Ongoing - every 2 hours
- Significantly agitated clients – constantly to every 15 minutes
Restraint Review

Regular review of restraints by the interdisciplinary team is required at least monthly and with significant change in a client’s responsive behaviour at which time an order for renewal shall be obtained.

The care team is responsible for identifying any new client needs that may arise from the use of restraints.
Documentation to support the use of a restraint must include:

- The behaviour that puts client or others at risk of harm
- Supportive interventions considered and used
- Physician's order within 72 hours of restraint initiation
- Client’s signed consent and details of discussion of plan of care of restraint use
- Monitoring of the comfort and safety of the client
- Client’s response to the use of restraint
- Review of ongoing need for restraint
Required Learning Quiz Link

Check your understanding of this material!

Click here to take a short quiz
• Carewest Policy( CS-03-01-02): PHARMACOLOGICAL LEAST RESTRAINT (2018)
• Continuing Care Health Service Standards (CCHSS), 2016
• International Journal of Geriatric Psychiatry (2009)